

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042836

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5869

FILED DEC 10 1962

1. PLACE OF DEATH

a. COUNTY

Jackson Co.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Kansas

b. COUNTY Johnson

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in: 30

c. CITY OR TOWN Overland Park

Inside Limits: Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Trinity Lutheran HospInside Limits: Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
8519 LowellReside on Farm: Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

SHERYL

Middle

Last

Osborne

4. DATE OF DEATH

Month

Day

Year

11

20

62

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/17/62

9. AGE (last birthday)

30

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Kansas City, Missouri U.S.A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Cheryl K. Osborne

14. NAME OF HUSBAND OR WIFE

Address Overland Park

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
None17. INFORMANT
Harold B. Osborne, 8519 Lowell18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Prematurity

DUE TO (b)

Immaturity

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11/17/62 to 11/20/62 and last saw him alive on 11/20/62
Death occurred at 1:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Clark W. Seely MD

22b. ADDRESS

4320 Wornell Rd

22c. DATE SIGNED

11/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Nov. 22, 1962 D.W. Newcomer's Sons

23c. NAME OF CEMETERY OR CREMATORY

Kansas City Missouri

24. FUNERAL DIRECTOR

1331 Brush Creek Blvd.
D.W. Newcomer's Sons, Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

11-21-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Clark W. Seely MD

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/591
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Basil V. Honey,

Licensed Embalmer No. 4724,

P. O. Address K. C., 30, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.